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CONFIRMATION NO. 9515

| SERIAL NUMBER | FILING or 371(c) DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. | | |
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| 10/687,677 | 10/17/2003 | 435 | 1632 | 5853-324 | | |
| RULE | | | | | | |
| APPLICANTS John Guy, Gainesville, FL; | | | | | | |
| ** CONTINUING DATA ***** This appln claims benefit of 60/419,435 10/18/2002 | | | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | | | |
| ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY ** 02/27/2004 | | | | | | |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Met after Allowance W.S. | STATE OR COUNTRY | SHEETS DRAWINGS | TOTAL CLAIMS | INDEPENDENT CLAIMS |
| Verified and /WU-CHENG WINSTON SHEN | Acknowledged <u>Examiner's Signature</u> | <u>Initials</u> | FL | 3 | 25 | 3 |
| ADDRESS Stanley A. Kim, Ph.D., Esq. Akerman Senterfitt Suite 400 222 Lakeview Avenue West Palm Beach, FL 33402-3188 UNITED STATES | | | | | | |
| TITLE Reducing cellular dysfunction caused by mitochondrial gene mutations | | | | | | |
| FILING FEE RECEIVED 495 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |